

1985

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **442**

1. Place of Death: (a) County Navajo (b) City or Town Thruston Ariz (c) Location 1 Round House
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 3 mo; In Arizona 3 mo
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz; (b) County Navajo; (c) City or Town Thruston Ariz
(If outside city limits also write RURAL)

(d) Street No. 1 Round House; (e) Citizen of foreign country (Yes or No) no
If Yes, which country _____

3. (a) FULL NAME Ernest Sanchez (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced Baby
White ☒ Indian ☐ Negro ☐ Oriental ☐

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Nov 17 1943
(Month) (Day) (Year)

8. AGE: Years 3 Months 3 Days hrs. min. min.
If less than one day

9. Birthplace Thruston Arizona
(City, town or county) (State or Country)

10. Usual Occupation Baby

11. Industry or Business _____

Father { 12. Name Porfirio Sanchez
13. Birthplace Los Rios Mex Mex
(City, town or county) (State or Country)

Mother { 14. Maiden Name Lora Chavez
15. Birthplace Los Rios Mex Mex
(City, town or county) (State or Country)

16. (a) Informant's own signature Porfirio Sanchez
(b) Address Winkelman Ariz Box 6178

17. (a) Burial, Cremation or Removal Burial
(b) Place Winkelman (c) Date 2-19-44

18. (a) Embalmer's Signature Not embalmed
(b) Funeral Director Dather
(c) Address Winkelman Ariz

19. (a) 2-18-44 (Date received Local Registrar)
(b) Mrs Ed J Cahill (Registrar's Signature)

20. DATE OF DEATH (Month, day and year) Feb 17 1944
TIME (Hour and minute) 9:30 AM M.

21. I hereby certify that I attended the deceased from Feb 17
_____, 1944 to same, 19____
that I last saw him alive on Feb 17, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Tracheo Bronchitis

Due to Cord Epidemic

Due to _____

Other conditions Born blue from Mucosa in throat & lungs
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? no (e) Means of injury _____

23. Signature J. D. Sample M. D.
Address Thruston Ariz Date signed 2/18/44

DURATION few days

PHYSICIAN
Underline the cause to which death should be charged statistically